Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS649HOS	A. BUILDING _____ B. WING _____	04/17/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH VISTA HOSPITAL	1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint survey under state licensure initiated in your facility on 4/15/09 and finalized on 4/17/09. The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004. Complaint #NV00021147 Substantiated (Tag S300) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified.	S 000		
S 300 SS=G	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a patient requiring admission to the intensive care unit was provided appropriate care related to the monitoring needs of the	S 300		

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S 300	Continued From page 1 patient and the severity of the patient's condition (Patient #1). Findings include: Patient #1 was a 76 year old male admitted on 1/13/09 with diagnoses to include chest pain, history of chronic obstructive lung disease, pulmonary embolism, congestive heart failure, Alzheimer's disease and a history of cardiac bi-pass surgery. Patient #1 was noted to be jaundiced in the Emergency Department (ED) on admission. Patient #1 was admitted to the ED on 1/13/09 at 12:28 PM, by ambulance for a complaint of chest pain. The Emergency Department Nurse's Notes documented Patient #1's chest pain subsided approximately 10 minutes after he arrived. Patient #1 was admitted to the 2nd floor with telemetry on 1/13/09, as observation at 9:00 PM and later was changed (from a 23 hour observation status to a full admission status) to full status on 1/14/09 in the morning. The Nurse's Notes on the morning of 1/14/09, indicated Patient #1 was stable, on Oxygen at 2 liters via nasal cannula, telemetry and was receiving intravenous fluids (IV). The notes indicated he was drinking fluids and eating. The patient was noted to be responsive to verbal stimuli. A Physician's Order dated 1/14/09, documented a "Transfer ICU (intensive care unit)." The order was acknowledged at 6:43 PM. The Physician noted the Patient's Arterial Blood Gases were abnormal On 1/14/09, the Nurse's Notes for Patient #1	S 300		

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S 300	Continued From page 2 documented the following: - 1437 (2:37 PM), "Offered Patient more juice. Drank 2 containers." - 1820 (6:20 PM), "Notified of ABG (arterial blood gas) status from lab (laboratory) Notified charge nurse. Dr. (name) on the floor, ordered stat (immediate) ABG and transfer to ICU." - 1840 (6:40 PM), "3 amps (ampules) of Sodium bicarb (bicarbonate) pushed stat as ordered." - 1845 (6:45 PM), "ICU nurse reported no beds available. Explained pt. (patient) ABG to family, informed them pt. was going to ICU." - 1950 (7:50 PM), "Lab (laboratory) at bedside drawing blood pt. moving arms, this rn (Registered Nurse) at bedside helping to hold pt. arms so blood can be drawn." - 2000 (8:00 PM), "Pt. in mild respiratory distress on BiPAP (Bi-level Positive Airway Pressure) maintained iv (intravenous fluids) infusing per Md (doctor) order. Pt. drowsy but arouseable. Kept hob (head of bed) up in bed. " - 2020 (8:20 PM), "Icu charge rn here to start iv access needed for antibiotic therapy." - 2030 (8:30 PM), "Pt. on NPO (nothing by mouth) maintained." - 2040 (8:40 PM), "family at bedside supportive with care. pt still talks voice slow and garbled BiPAP maintained." - 2050 (8:50 PM), "icu (ICU) charge rn (Employee #2) still at bedside talked to family about pt's condition family already aware from day shift that pt will be transferred to icu as soon as bed is available and charge rn has talked to family about it." - 2100 (9:00 PM), "icu charge rn started an iv to lua (left upper arm) switch iv of ns (Normal Saline) to the lua iv site." - 21:25 (9:25 PM), "cath (catheter) discontinued intact no redness. icu charge (Employee #2) rn	S 300		

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still on the unit made aware that the iv he just started is puffy."
- 21:30 (9:30 PM), "iv to left upper arm puffy switch iv to lfa (left forearm) site."
- 2130 (9:30 PM), "...3 amp bicarb hung at 2130..."
- 2210 (10:10 PM), "... pt following commands BiPAP maintained following commands but goes back to dozed off on and off."
- 2215 (10:15 PM), "First liter infused following bag iv rate decreased to 150 cc.hr."
- 22:00 (10:00 PM) "Icu charge rn still attempting another iv access for antibiotics and eventually blood transfusion."
- 2220 (10:20 PM), "pt. repositioned in bed hob maintained at 45 degrees pt has tendency to stay on his left side incontinent of urine pt cleaned and dried ivf infusing well pt. denies chest pain or sob (shortness of breath)."
- 2240 (10:40 PM), "pt dozing on and off easily awaken breathing slightly labored BiPAP maintained."
- 2300 (11:00 PM), "ivf and vancomycin infusing to 2 different sites to left leg sites clear. Pt remains drowsy but arouseable side rails Up x (times) 3 lung sounds diminished."
- 2335 (11:35 PM),"this rn at bedside checking on pt's condition and at the same time, icu charge rn (Employee #2) at bedside states telemetry called him up for hr (heart rate) of 30. pt non responsive still has minimal shallow breathing no pulse code blue (cardiopulmonary resuscitation) called."

The Nurse's Notes on 1/14/09, indicated at 8:44 AM Patient #1's blood pressure was 110/52 with a heart rate of 106. The next blood pressure noted was 95/43 at 8:41 PM with a heart rate of 106. There were no other recorded vital signs until the Code Blue at 11:35 PM when the patient was given 1 amp (ampule) of Epinephrine. The

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S 300	Continued From page 4 recorded blood pressure at 11:40 PM was 113/38. On 1/15/09 at 12:02 AM, the Nurse's Notes indicated Patient #1 was pronounced by the ED physician. During an interview on 4/17/09, Employee #1 indicated on 1/14/09, she was given a late report on Patient #1 because the nurse from the previous shift was still working on Patient #1. Employee #1 indicated she received report about the patient at 7:45 PM. Employee #1 indicated the day shift nurse told her Patient #1 had changes in his condition including labored breathing. Employee #1 indicated she had assessed him and noticed there was a change from the previous day. Employee #1 indicated, she had helped the lab technician draw blood because Patient #1 was very restless. She indicated the Patient was a "hard stick"(difficulty drawing blood). Employee #1 indicated she would not send him down for a CAT(Computerized Axial Tomography) scan that was ordered due to his instability. Employee #1 indicated Employee #2 arrived on the floor about 8:00 PM and tried to re-start an IV on Patient #1. The patient already had an IV, however the physician wanted another line for a blood transfusion that was ordered. Employee #1 indicated Employee #2 was aware the patient was to be transferred to the ICU when a bed became available and she indicated Employee #2 spoke to the family and explained the patient would be transferred to ICU as soon as a bed became available. Employee #1 indicated, Employee #2 called the Emergency Room to inquire if Patient #1 could be	S 300		

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S 300	Continued From page 5 transferred to the ED. Employee #1 indicated the ED informed Employee #2 they had 2 patients on hold waiting to be transferred to ICU and the ED was full. Employee #1 indicated Employee #2 stayed on the floor for at least 2 hours and had to re-start the IV on Patient #1 several times before he was able to get 2 sites in the patient's left leg. Employee #1 revealed Employee #2 received a call from telemetry at 11:35 PM that Patient #1's heart rate was 30 and that Employee #2 called a Code Blue on the patient. Employee #1 indicated she monitored Patient #1's vital signs on 1/14/09 every half hour and indicated she was so busy she must have forgotten to document the patient's blood pressure and heart rate in the Nurse's Notes. Employee #1 indicated Patient #1 received his antibiotics and fluids through the IV Employee #2 started in his leg. Employee #1 indicated, Employee #2 was in communication with the patient's physician, the ICU nurses and the Emergency Room in order to expedite a transfer for Patient #1. Employee #1 indicated the patient coded before he was able to receive the blood that was ordered and indicated she should have documented all of this information. An interview with the Director of Quality and the Director of Clinical Services for the 2nd floor on 4/17/09, indicated that the ICU RN Charge Nurse (Employee #2) did a lot of work on the patient and that he should have documented it in the chart. A consultation in the medical record of Patient #1 on 1/15/09, indicated, "...He (Patient #1) seemed to have significant respiratory insufficiency..." "...Recommendations: 1. keep NPO (nothing by	S 300		

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S 300	Continued From page 6 mouth) 2. CT of abdomen 3. Currently transfer to ICU. I have discussed this with Dr. (name)..." 4. If able to CT and suggestive of mesenteric ischemia, will try to consider surgical intervention. In the mean time will try to optimize the patient who appears to be critically ill..." A Transfer Summary in Patient's #1's medical record written by a consulting physician dated 1/16/09, indicated, "...He (the patient) was noted to have a change in mental status and severe anemia requiring blood transfusions and a stat order for type and crossmatch for blood transfusion, but such blood was not able to be provided due to the patient developing or had some antibodies to the donor blood..." Severity: 3 Scope: 1 Complaint #NV00021147	S 300		